YOUTH APPLICATION

MICHIGAN YOUTH

CHALLENGE ACADEMY

Instructions for completing the application

1. Youth and parent/guardian MUST attend an orientation. Dates are listed on the web site.
2. Read all forms and pages in the application.
3. Get a physical exam from your doctor. The doctor must fill out and sign these forms. Send in the forms as part of your application. School athletic physicals do not qualify.
4. Complete the Application page (applicant writes the essay, do not type).
5. Complete the Insurance information page.
6. Applicant signs the Application Certification.
7. Parent/guardian completes and signs Application Certification page 6 and has it notarized.
8. Send in copies of the following:
   -the applicants birth certificate
   -the applicants social security card
   -the applicants driver's license or State of Michigan ID (school ID not acceptable)**
   -health insurance card
   -the parents driver license or State of Michigan ID
   -custody or guardianship papers (if applicable)
   -copy of most recent IEP (if applicable)
   -copy of updated Immunization Record – **All Immunizations must be CURRENT to be considered**
9. Complete the Free and Reduced Lunch paperwork.
10. Complete all Marshall Public School Enrollment forms.
11. Make sure all signature blocks are signed.
12. Have two adults, same gender as the applicant and not related to the applicant fill out and return mentor applications.
13. **Scan and email, mail, or hand deliver all the items listed above to MYCA. Keep copies of all paperwork you mail or deliver.**

You can call 269-968-1294 or 1-800-372-0523 if you have questions about filling in any of the forms.
Apply for a social security card at the Social Security Office. You will get a receipt showing you have applied and that will be acceptable until you receive the actual card.
Apply for a state ID card at the Secretary of State office. Provide a copy of the receipt indicating you have applied and that will be acceptable until you receive the actual card.

Mentor Applications

Each cadet applicant must have two (2) people willing to mentor them for 12 months after completing the 22 week Residential Phase. Mentors should be people you look up to, people of high moral character and be a good role model. Mentors must be: same gender as the cadet, and at least 21 years old. They cannot be a relative or family member of the cadet applicant, and cannot live in the same household as the cadet applicant. Local volunteer groups, church's, school counselors, teachers, coaches, ministers, community leaders, neighbors, family friends, etc. are good places to find mentors. **Both mentor applications must be completed and sent back to MYCA for the cadet applicant to be considered for this program. It is your responsibility to ensure your prospective mentors complete the application. The cadet application is not complete without the completed mentor applications.** The packets that are enclosed must be complete in order to be considered for our program. These packets have all the necessary documentation that we need to process you into the program. This process will take effort on your part to complete, but it will also show your commitment to be apart of our program. You may call **(269) 968-1421** for questions and assistance on the mentor applications.

Submit completed cadet and mentor applications to:
**Scan and email to mycaadmissions@michigan.gov

Mail or hand deliver to: **MYCA**
Attn: Admissions
5500 Armstrong Rd Bldg 13
Battle Creek, MI 49037

Application

Michigan Youth ChalleNGe Academy A.K.A. (MYCA)

Applicant's Last name: _____ First name: _____

Middle name: _____ Date of Birth: _____ Age: _____

Street Address (street #/ Apt. #): _____ City: _____

State: _____ Zip Code: _____ Social Security Number: _____

Home Number: (_____) _____ Last Grade Completed in School: _____

How did you hear about us? _____

_____

_____

(In case of emergency notify) (Relationship) (Home phone) (Work phone)

_____

(Alternate emergency contact person) (Relationship) (Home phone) (Work phone)

Parents or Guardians

*Last name: _____ First name: _____ Relationship: _____

Home Number: (___) _____ Cell: (___) _____ Work Number: (___) _____

*Last name: _____ First name: _____ Relationship: _____

Home Number: (___) _____ Cell: (___) _____ Work Number: (___) _____

Applicant's Statement

In 1 paragraph or more and in your own handwriting, please state why "I should be accepted as a Candidate into the Michigan Youth ChalleNGe Academy." Also describe your goals for the future and how this program will help you achieve these goals. (Please attach additional pages if necessary.)

_____

_____

_____

_____

_____

_____

_____

_____

(MYCA doc 1, pgs. 1-6; Sept 2017)

Classification: **CONFIDENTIAL**

** MYCA Privacy Act Statement**

"Upon submission this document becomes legal property of the Michigan Youth Challenge Academy"

THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE ANY INFORMATION PERTAINING TO YOU

1. Authority for collection of information including Social Security Number (SSN):
   Sections 133, 1071-87, 3012, 6031, and 8012, title 10, United States Code and Executive Order 9397

2. Principle purposes for which information is to be used:
   This form provides you the advice required by the Privacy Act of 1974. The personal information will facilitate and document your health and financial records. The Social Security Number (SSN) of the applicant is required to identify and retrieve these records.

3. Routine Uses:
   The primary use of this information is to provide, plan, and coordinate health care and financial activities. As prior to enactment of the Privacy Act, other possible uses are to:
   - Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies.
   - Compile statistical data
   - Conduct research
   - Teach
   - Adjudicate claims and determine benefits
   - Other lawful purposes, including law enforcement and litigation
   - Conduct authorized investigations
   - Evaluate care rendered
   - Determine professional certification and hospital accreditation
   - Provide physical qualifications of applicants to agencies of federal, state, or local government upon request in pursuit of their official duties.

4. Whether disclosure is mandatory or voluntary and effect on individual of not providing information:
   In the case of MYCA applicants, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED. This all inclusive Privacy Act Statement will apply to all requests for personal information made by the MYCA staff and medical/dental treatment personnel for treatment purposes and will become a permanent part of your academy records. Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

(MYCA doc 2, pgs. 1-6; Sept 2017)

_____
Parent/Legal Guardian/Applicant if 18 Signature

MYCA Student Contract

During my stay at the Michigan Youth Challenge Academy, I will treat the staff and other participants with respect. I will also be treated with respect and fairness by staff and other participants. I am expected to follow the Honor Code as outlined within the Cadet Manual.

_____
Applicant Initials

I am expected to learn military related subjects that will be taught during this program. I will learn Drill and Ceremony, which consist of facing and marching movements, and will march in formations at all times when moving to and from different locations. I will study leadership techniques using the methodology established by military doctrine, and will perform in leadership positions throughout the program.

_____
Applicant Initials

I am expected to maintain my grooming and appearance in a clean, neat, orderly, and acceptable manner at all times. My haircut and style will be conservative and in good taste, and I will use military standards as a guide. I will be provided clothing and the use of laundry facilities free of charge and therefore expected to maintain a clean and serviceable uniform at all times. I am expected to keep my personal area within standards stated in the Cadet Manual, prepared at all times for inspections.

_____
Applicant Initials

Each day I will participate in scheduled activities. These activities consist of classroom work; assigned duty details, work projects, fitness training, and organized athletics. I am expected to perform these activities routinely with gradual reduction of supervision and should take pride in my accomplishments.

_____
Applicant Initials

I am expected to fully participate in a daily physical fitness-training program designed to improve my well being and teach me a disciplined approach to life. Such physical fitness training will consist of but not limited to: running, pushups, sit-ups, aerobics, obstacle courses, rope courses, team-building activities and sports.

_____
Applicant Initials

I am expected to participate in group and independent projects. These projects will focus on individual leadership, learning and development.

_____
Applicant Initials

I am expected to participate in classroom instruction and testing in English, Social Studies, Science, Literature and Arts, and Math, and/or other assigned classes.

_____
Applicant Initials

I am expected to participate in meaningful field trip visits that will support my personal development. Visits may include but are not limited to the Michigan State Capital, military facilities, Michigan historical sites and natural wonders. In addition, I will participate during guest speaker visits scheduled throughout the 22-week residential phase.

_____
Applicant Initials

I understand that I am expected to commit myself to a 12-month post residential phase. This will support me in maintaining my goals and commitments after leaving the 22-week residential phase and will require participation with my mentor.

_____
Applicant Initials

I understand that if I do not abide by the terms of the contract, or give false information either by speaking or writing, consequences may be issued.

_____
Applicant Initials

I submit that by signing this contract, I will put forth 100% of my energy and strength to complete the Challenge Academy if selected to attend.

_____
Applicant Initials

(MYCA doc 3, pgs. 1-6; Sept 2017)

** MYCA Special Power of Attorney for the Authorization of Medical Care**

I want my attorney-in-fact (MYCA) to have the power to consent to any medical or dental treatment needed for my child and to sign any papers needed to authorize those treatments (any medical or dental care at the VA Medical Center or any offsite medical or dental Practice, medical or dental center, or emergency care hospital or facility). I want my attorney-in-fact to be able to do anything I could do if I were personally present. Anything my attorney-in-fact does to maintain the health of my child (my health) will be the same as if I had done it myself. This is a Durable Power of Attorney. It will stay in effect if I become disabled, incapacitated, or incompetent. This Power of Attorney shall expire after the 22-week residential phase is complete.

Michigan Youth ChalleNGe Academy Insurance information

Applicants are not required to have insurance for acceptance into the MYCA. We **DO NOT** provide for medical expenses, therefore we request that the following information be provided.

Do you have medical insurance: ☐ YES ☐NO Title 19 (medical assistance): ☐ YES ☐NO

INSURANCE PROVIDER'S NAME: _____

INSURANCE PROVIDER'S ADDRESS: _____

INSURANCE PROVIDER'S PHONE NUMBER: (_____) _____

YOUR ACCOUNT OR IDENTIFICATION NUMBER: _____

MEDICAL INSURANCE AGREEMENT

I/we hereby agree to be financially responsible for all expenses incurred requiring medical assistance (to include pharmacy, lab, dental, or any other related expenses). If my medical insurance expires or is cancelled on this individual I will be financially responsible for all expenses incurred requiring medical assistance (to include pharmacy, lab, dental, or any other related expenses). The medical staff at the Michigan Youth ChalleNGe Academy in coordination with parent/legal guardian may make any medical determination regarding scheduling appointments, administering prescriptions, etc. MYCA **DOES NOT** pay for normal medical expenses incurred by your son/daughter. The cadet, and ultimately the parent/guardian, is responsible for all normal medical and dental expenses, **to include all co-payments, deductibles, and all non-covered charges.** The Academy will provide the physician, hospital, or pharmacy with the appropriate insurance information or Title 19 coverage.

_____

Parent/Legal Guardian/Applicant if 18

** MYCA Certificate of Understanding and Release of Liability**

1. I permit my child to participate in all Academy activities which may include UNIQUE activities such as rappelling, ropes courses, aircraft rides (to include military aircraft), extreme physical activities, and various off-campus activities; to include transportation to and from such events and transportation to and from classes and any event not on MYC Academy property, mentor activities for a period of 12 months after resident program is completed.
2. I also authorize the MYCA to conduct whatever background search deemed appropriate. I fully understand that the information collected may be of a sensitive, confidential, and privileged nature, and may reflect upon my selection, participation, and/or dismissal.
3. My child will be residing at MYCA in Battle Creek, MI. I also understand that Marshall Public Schools will administer the educational component and I authorize them to share any and all information relating to the education program of my child.
4. The Academy has my permission to release photographs/biographies of my child to the media, for marketing materials, and non-confidential information of my child to the same for publicity purposes. I also understand that this information may be released by MYCA to any source without my further consent, to include members of the government, news, radio, and print media or in use in MYCA's informational/marketing materials.
5. I give my permission for the Academy staff to maintain discipline in the program by imposing disciplinary measure upon my child
6. I also understand that during the course of the program, my son/daughter may be randomly tested for drugs, alcohol, and HIV. I also understand that a positive test result for drugs or alcohol may subject my child to dismissal from the program.

FURTHERMORE, in consideration of my child's participation in the Academy, I HEREBY RELEASE the State of Michigan, the officers, agents, employees, successors, and assigns from any and all liability which may arise from my child's application, selection, participation or dismissal from the Academy and I AGREE to indemnify and hold harmless the State of Michigan, the Michigan National Guard, the Michigan Youth ChalleNGe Academy, the officers, agents, employees, successors, and assigns regarding any liability or cause of action which may arise from my child's participation in this Academy.

_____

Parent/Legal Guardian/Applicant if 18

** MYCA Application Certification**

I have reviewed all information submitted (pages 1 – 6 of application) by me, and certify that it is true and complete to the best of my knowledge. At this time, I am in good health and not under the influence of any illegal drugs/alcohol. I am not awaiting sentencing nor have any court appearances during the twenty-two week residential program.

_____

Applicant Signature

Applicant Under Age of Majority or 18

I / We certify that the information given (pages 1 – 6 of application) by me/us is true, complete and accurate to the best of my/our knowledge and belief. I/We understand that my/our application to the MYCA is based on the information provided by me / us in this document; that if any information is knowingly false or incorrect, applicant may be removed from the MYCA. I/We also agree to the contents of the **previous** pages (1 – 6) completed by the undersigned, Medical Insurance Agreement, Special Power of Attorney for the Authorization for Medical Care, Student Visitation & Sign-Out Authorization and Certificate of Understanding and Release of Liability.

Note: The following signatures must be completed before a Notary Public.

_____
(Print Full Name Parent/Guardian)

_____
(Signature) (Date)

_____
(Print Full Name Parent/Guardian)

_____
(Signature) (Date)

Justification for single parent/guardian signature: (i.e. divorce, death, BOW, POA, WOC, etc.)

Country:
State/Commonwealth:
County/Parish:
File #:
Print parent/guardian full name: _____

(To be completed by a Notary Public)

STATE OF MICHIGAN, COUNTY OF ☐ Acting in_____, TO WIT:

I, _____, a Notary Public in and for the above County and State, certify that _____, whose signature(s) appear on this document, personally appeared before me in my said County and State and did then and there sign the above document.

Given under my hand this _____ day of _____, in the year_____.

My Commission expires: _____ _____

(MYCA doc 6, pgs. 1-6; Sept 2017) Signature-Notary Public

** MYCA MEDICAL HISTORY QUESTIONNAIRE **

TO BE FILLED OUT BY APPLICANT AND SIGNED BY PHYSICIAN*

DATE:_____

Applicants name: _____Date of Birth:_____
Age:_____Sex: ☐ Male ☐ Female
Address: _____ City: _____ Zip: _____
Parents/Guardian: _____
Address: _____ City: _____ Zip: _____
Home Phone: (___) _____Work Phone: (___) _____
Physicians Name: _____ Physicians Phone: (___) _____
Insurance: _____

Family History:

☐Tuberculosis ☐Seizure Disorder ☐Hypertension ☐Stroke
☐Diabetes ☐Cancer ☐Kidney Disease ☐Heart Problems
☐Mental Illness ☐G6PD Deficiency ☐Sickle Cell Trait/Anemia

Personal History:

Allergies (Drug, Food, Environment): _____
Current Medications: _____
Birth Control/STD Prevention Methods: _____
Tobacco Use (What kind, How much): _____

Have you been diagnosed by a medical professional with any of the following: If yes, please provide proper documentation.

☐Hearing Problems	☐Nose Bleeds	☐Heart Murmur	☐Leg Pain
☐Psyc Treatment	☐Seizures	☐Anxiety Disorder	☐Dizzy Spells
☐Sinus Problems	☐Chest pain	☐Loss of Appetite	☐Kidney Stones
☐Headaches	☐Migraines	☐Vision Problems	☐Bi-polar Disorder
☐Hypertension	☐Heartburn	☐Anemia	☐Eating Disorder
☐Emotional Treatment	☐Asthma	☐Nausea	☐Diabetes
☐Measles	☐Mumps	☐Chicken Pox	☐Shingles
☐SubAbuse Treatment	☐STD	☐Herpes	☐Pregnancy
☐Sleep Problems	☐ADHD	☐Foot Pain	☐Broken Bones/Joints
☐Accidents/Injuries			

Any surgery or other issues: _____

Immunizations: (please submit a readable copy of updated immunizations records)

_____

Physicians Signature (Acknowledgement of Review) Date

** MYCA Physical Examination**

(THIS FORM MUST BE COMPLETED BY PHYSICIAN)

Physicians Name | **Phone Number**

( )

Physicians Address

Street Number/Name/P.O. Box | City | State | Zip code

Applicant Name:_____ DATE: _____

Height: _____ Weight: _____ T _____ P _____ R_____ BP____/____

General Appearance: _____

Examination:

	Normal	Abnormal	Comments
Skin	_____	_____	_____
Head	_____	_____	_____
Eyes	_____	_____	_____
Ears	_____	_____	_____
Nose & Sinuses	_____		_____
Mouth & Throat	_____	_____	_____
Neck	_____	_____	_____
Breasts	_____	_____	_____
Respiratory	_____	_____	_____
Cardiac	_____	_____	_____
Gastrointestinal	_____	_____	_____
Urinary	_____	_____	UA Neg: _____ Pos: _____
Genital	_____	_____	_____
Peripheral Vascular	_____	_____	_____
Musculoskeletal	_____	_____	_____
Neurological	_____	_____	_____
Hematological	_____	_____	_____
Endocrine	_____	_____	_____
Psychiatric	_____	_____	_____

Determinations/Restrictions:

_____ PHYSICALLY QUALIFIED. The patient is considered physically qualified to participate in physical activities including running, jogging, marching, push-ups, pull-ups, and cardiovascular workouts. The following issues are non-urgent and should be evaluated at the parent or guardian's convenience.

_____ NOT PHYSICALLY QUALIFIED. The patient is not physically qualified to participate in the above physical activities or the following urgent issues must be evaluated promptly.

_____

Physicians Signature Date

2015-2016 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a PEN (not a pencil).

Approval Date:
Approved for: F ☐ R ☐ D ☐

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (If more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name	MI	Child's Last Name	Student? Yes	No	School Name:	Foster Child	Homeless, Migrant, Runaway
			☐	☐		☐	☐
			☐	☐		☐	☐
			☐	☐		☐	☐
			☐	☐		☐	☐
			☐	☐		☐	☐

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO → Go to Step 3 and complete.

If you answered YES → Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read How to Apply for Free and Reduced Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child income	How often? Weekly	Bi-Weekly	2x Month	Monthly
$	○	○	○	○

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often? Weekly	Bi-Weekly	2x Month	Monthly	Public Assistance/ Child Support/Alimony	How often? Weekly	Bi-Weekly	2x Month	Monthly	Pensions/Retirement/ All Other Income	How often? Weekly	Bi-Weekly	2x Month	Monthly
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X - X X - ____

Check if no SSN ☐

STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available) | Apt # | City | State | Zip | Daytime Phone and Email (optional)

Printed name of adult completing the form | Signature of adult completing the form | Today's date

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community.

Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Race (check one or more):

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Verification For School Use Only

Date Selected for Verification: _____

Confirming Officials Signature: _____

Response Due from Household: _____

Date Follow-up/Second Notice: _____

Follow-up Official's Signature: _____

Verification Official's Signature: _____

Date of Adverse Notice Sent: _____

FAP/FIP/FDPIR/Foster Eligibility		Income				Verification Results		Reason for Eligibility Change	
	Not confirmed	$_____			Wage Stubs		Free to Reduced		Income
Confirmed:			Weekly		Written Documents		Free to Paid		Household Size
	Department of Human Services		Every 2 weeks		Collateral Contact		Reduced to Free		Refused to Cooperate
	Notice of Eligibility		Twice a month		Agency Records		Reduced to Paid		Other _____
			Monthly		Other _____		No Change		
			Annual						

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

Determining Official's Signature: _____ Date: _____ Date Dropped/Withdrawn: _____

Michigan Youth ChalleNGe Academy
5500 Armstrong Rd, Building 13
Battle Creek, MI 49037-7314
Phone 269-968-1294 or
MYCAadmissions@michigan.gov

Michigan law requires that all students enrolling in public schools must be current on immunizations **prior** to registration. All immunization records must be received before they will be considered for acceptance. Please review your records and have your son/daughter immunized accordingly. You will also find enclosed with this letter a health care form that must be completed and returned to the admissions office along with the immunization record.

If they become deficient while at MYCA, we will arrange for our school nurse, in cooperation with the Calhoun County Health Department, to administer the immunizations needed. For your son/daughter to receive immunizations through the Health Department they must meet one of the following criteria:

- No Insurance Coverage
- Present Insurance does not cover immunizations
  (This could include HMO's that will not cover doctor in this area)
- American Indian or Native Alaskan
- Medicaid Coverage

If they do not meet the criteria above and become deficient while attending this program, the MYCA nurse will make arrangements with the health care provider through the MYCA program for immunizations. Payment for this procedure will be the responsibility of the cadet's parents. Please make note on the enclosed health care form if your insurance covers immunization payment so the doctors' office can bill your insurance company accordingly.

You can forward a copy of immunization records and health care form directly to the attention of Admissions via the address or email above to ensure complete information is recorded.

Students Name: _____ Other last name used: _____

Address: _____ Date of Birth: _____

Social Security #: _____ Phone: _____

Adult male/female residing in the home: _____

INSURANCE INFORMATION please check all that apply:

1. ☐ NO insurance at the present time
2. ☐ Medicaid / Medicaid # _____
3. ☐ Present insurance doesn't cover immunizations or it is an HMO and won't cover DR visits out of our area.
4. ☐ American Indian ☐ or Native Alaskan ☐ (check one)
5. ☐ Present insurance will cover immunizations at a doctor's office

_____

Parent/Guardian Signature Date

MARSHALL PUBLIC SCHOOLS STUDENT ENROLLMENT – MICHIGAN YOUTH CHALLENGE

Student Name_____
PLEASE PRINT (First) (Middle) (Last)

Grade: _____ UIC#:_____

Parent/Guardian Name: _____

Mailing Street Address: _____

City_____ ZIP: _____

Gender: ☐Male or ☐Female

Name of last school attended: _____

Address/City & Zip: _____

Birthdate: _____ Age: _____

Birth City & State_____

Is English your child's 1st or 2nd Language? ☐ **1st or** ☐ **2nd, if 2nd what is the 1st language** _____

Ethnic Code: *(Check all that apply)*
☐ Amer. Indian ☐ Asian ☐ Caucasian ☐ Native Hawaiian ☐ Hispanic ☐ African American

MISCELLANEOUS INFORMATION:
Is this student Military-Connected? ☐ Yes or ☐ No If yes, what Branch? _____

Relationship to student_____

Special Services your student received at previous school: *(Check all that apply)*

☐Speech ☐Learning Disabled ☐Social Worker ☐Title I ☐504 ☐Reading Recovery

I affirm, that as the parent/legal guardian, all information provided above is true and accurate, and that my child and I reside at the listed address. I understand any false information provided by me, may subject me to legal penalties.

_____ _____
(Signature of Parent/Guardian) *(Signature of Student)*

_____ _____
(Enrolled by) *(Date)*

3/16/2017 BJG

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MICHIGAN YOUTH CHALLENGE ACADEMY STUDENT RECORD

****Parents: The top portion of this form must be completed and the entire form given to your child's previous school. The school will send this form with copies of your child's records directly to the MYCA.****

PARENT PORTION:

Today's Date: _____

Name of Student: _____ Birth date: _____

I give permission for the information below to be shared with the Michigan Youth ChalleNGe Academy.

PARENT/GUARDIAN'S SIGNATURE: _____

SCHOOL PORTION:

Acceptance into the MYCA is not guaranteed. Please do not withdraw student from current classes. We are only requesting the following information at this time.

✓ **COPIES OF RECORDS REQUESTED:**

Please do not send the original CA-60 and/or original Special Education records.

- ✓ Transcript of Grades and Credits
- ✓ Graduation Requirements
- ✓ Medical information: Immunization records
- ✓ Student's Unique Identification Code (UIC) the states 10 digit code: _____
- ✓ Special Education information (current within 3 years) including IEPC and Psychological Reports.
- ☐ Check here if student has **not** received special education services within the past 3 years.

END OF CYCLE RECORDS PERMISSION:

- ✓ Request GED Transcript of Grades/Credit **from** the MPS Adult Education Office.
- ✓ Forward MYCA Transcript of Grades/Credit **to** the previous school and next school.

School official's signature: _____ Title: _____

Printed name of above: _____ Phone # (____) _____

Schools region _____ School District _____

School address: _____ City: _____

State: _____ Zip: _____ County: _____

SCHOOL OFFICIAL:
Please return this form with COPIES of records to:

Michigan Youth ChalleNGe Academy
Attn: Admissions
5500 Armstrong Road, Bldg 13
Battle Creek, MI 49037

or scan documents to:
MYCAadmissions@michigan.gov